STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155294	A. BUILDING 01 B. WING	10/04/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FORUM AT THE CROSSING	8505 WOODFIELD CROSSING BLVD INDIANAPOLIS, IN46240

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K0000	A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 10/04/11 Facility Number: 000191 Provider Number: 155294 AIM Number: NA Surveyor: Mark Caraher, Life Safety Code Specialist At this Life Safety Code survey, Forum at the Crossing was found not in compliance with Requirements for Participation in Medicare, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2. This one story facility was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, areas open to the corridors, in residents rooms 421 through 428 and in resident rooms 616 through 630. The facility has a capacity of 74 and had a	K0000	Response to the Cited Deficiencies do not constitute an admission or agreement by the facility of the truth of the alleged or conclusion set forth in the Statement of Deficiencies. The plan of correction is prepared soley as a matter of complaince with Federal and State Law.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	census of 60 at the time of this visit. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 10/06/11. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			
K0018 SS=E	Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities. Based on observation and interview, the facility failed to ensure 1 of 25 corridor doors in the 500 Hall was constructed to resist the passage of smoke. This deficient practice could affect any resident, staff or visitor in the vicinity of the Nutrition Room in the 500 Hall. Findings include:	K0018	Life Safety Tag (K018):1 of 25 corridor doors in the 500 Hall was constructed to resist the passgae of smoke. This deficient practice could affect any resident, staff, or visitor in the vicinity of the Nutrition Room in the 500 Hall. In response to the cited Life Safety Tag violation (K018), the following changes are required: With respect to what systemic changes will be completed: (1) The	10/25/2011

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	Based on observation with the Maintenance Director during the tour of the facility from 10:50 a.m. to 12:35 p.m. on 10/04/11, the corridor door to the Nutrition Room in the 500 Hall had a two foot by two foot louvered vent in the bottom half of the door which would not prevent the passage of smoke in the event of a fire. Based on interview at the time of observation, the Maintenance Director acknowledged the louvered vent in the corridor door to the Nutrition Room in the 500 Hall was not constructed to resist the passage of smoke. 3.1-19(b)		Nutrition room door will be replaced with solid bonded core wood door capable of resisting fire for at least 20 minutes by Vasil Construction LLC; on 10/25/11. A.) With respect to all resident(s), visitors and staff the cited violation potentially affected. All residents, visitors, and staff of the identified unit may have been affected by the practice and all residents, visitors, and staff of the unit are affected by the corrective action.	
K0025 SS=E	Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 Based on observation and interview, the facility failed to ensure 2 of 2 openings through 1 of 7 smoke barriers were protected to maintain the smoke resistance	K0025	Life Safety Tag (K025):The facility failed to ensure 2 of 2 openings through 1 of 7 smoke barriers were protected to maintain the smoke resistance of the smoke barrier. This deficient practice	10/06/2011

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	of the smoke barrier. LSC Section 8.3.6.1 requires the passage of building service materials such as pipe, cable or wire to be protected so the space between the penetrating item and the smoke barrier shall be filled with a material capable of maintaining the smoke resistance of the smoke barrier or be protected by an approved device designed for the specific purpose. This deficient practice could affect any resident, staff or visitor in the vicinity of the smoke barrier wall separating the healthcare portion of the facility from Independent Living. Findings include: Based on observations with the Maintenance Director during the tour of the facility from 10:50 a.m. to 12:35 p.m. on 10/04/11, the following was noted above the ceiling in the smoke barrier wall separating the healthcare portion of the facility from Independent Living: a) one square opening in the wall measuring four inches by six inches which was not firestopped. b) the annular space around one four inch inch diameter pipe passing through the wall which was not firestopped. Based on interview at the time of observations, the Maintenance Director acknowledged two openings in the smoke barrier wall above the ceiling by		could affect any resident, staff, or visitor in the vicinity of the smoke barrier wall separating the healthcare portion of the facility from Independent Living In response to the cited Life Safety Tag violation (K025), the following changes are required: With respect to what systemic changes will be completed: (1) The fire wall, pipes, cable, and/or wiring was caulked with fire barrier sealant that closed 2 of 2 openings on the wall that separates healthcare and Independent Living on 10/6/11 by the Forum at the Crossing maintenance department.A.) With respect to all resident(s), visitors and staff the cited violation potentially affected. All residents, visitors, and staff of the identified unit may have been affected by the practice and all residents, visitors, and staff of the unit are affected by the corrective action.	

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	Independent Living were not firestopped. 3.1-19(b)			
K0048 SS=E	There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 19.7.1.1 Based on record review and interview, the facility failed to include the use of kitchen fire extinguishers in the written fire safety plan for the facility in the event of an emergency. LSC 19.2.2.2 requires a written health care occupancy fire safety plan that shall provide for the following: (1) Use of alarms (2) Transmission of alarm to the fire department (3) Response to alarms (4) Isolation of fire (5) Evacuation of immediate area (6) Evacuation of smoke compartment (7) Preparation of floors and building for evacuation (8) Extinguishment of fire This deficient practice affects any resident, staff and visitors in the vicinity of the kitchen. Findings include: Based on a review of the facility's written	K0048	Life Safety Tag (K048) The facility failed to include the use of kitchen fire extinguishers in the written fire safety plan for the facility in the event of an emergency. LSC 19.2.2.2 requires a written health occupancy fire safety plan that shall provide the use of alarms; transmission of alarm to the fire department; reponse to the alarm; isolation of fire; evacuation of immediate area; evacuation of smoke compartment; preparation of floors and building for evacuation; extinguishment of fire; the deficient practice affects any resident, staff, and visitors in the vicinity of the kitchen.In response to the cited Life Safety Tag violation (K048), the following changes are required: With respect to what systemic changes will be completed: The written fire plan for safety in the event of an emergency (FATC Disaster Plan Policy) was updated on 10/13/11 to Include the use of all fire extinguishers (ABC) and K class. The Fire Suppression system automatically activates when a	10/13/2011

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	fire disaster plan labeled "FATC Emergency Disaster Plan" for the Forum at the Crossing with the Maintenance Director from 9:20 a.m. to 10:50 a.m. on 10/04/11, the fire disaster plan did not address the use of the ABC type fire extinguishers and the K class fire extinguisher located in the kitchen in relationship with the use of the kitchen overhead extinguishing system. Based on an interview at the time of record review, the Maintenance Director acknowledged the written fire safety plan for the facility did not include kitchen staff training to activate the overhead hood extinguishing system to suppress a fire before using either the ABC type fire extinguisher or the K class fire extinguisher. 3.1-19(b)		fire is detected. However we will train all kitchen staff on how to and when to use the K class extingusiher by November 1, 2011.A.) With respect to all resident(s), visitors and staff the cited violation potentially affected. All residents, visitors, and staff of the identified unit may have been affected by the practice and all residents, visitors, and staff of the unit are affected by the corrective action	
K0052 SS=F	A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 Based on record review and interview, the facility failed to ensure 1 of 1 fire alarm systems was maintained in accordance with the applicable requirements of NFPA 72, National Fire	K0052	Life Safety Tag (K052):A fire alarm system required for life safety Is installed, tested, and maintained in accordance With NFPA 70 National Electrical Code and NFPA 72. The system has an	10/18/2011

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	Alarm Code. NFPA 72, 7-3.2 requires testing shall be performed in accordance with the schedules in Chapter 7 or more often if required by the authority having jurisdiction. Table 7-3.2 shall apply. Table 7-3.2 "Testing Frequencies" requires alarm initiating devices, alarm notification appliances, batteries, and initiating devices to be tested at least annually. This deficient practice could affect all residents, staff and visitors. Findings include: Based on review of Koorsen Fire & Security "Service Inspection Report" documentation dated 09/22/10 during record review with the Maintenance Director from 9:20 a.m. to 10:50 a.m. on 10/04/11, the last documented fire alarm system inspection occurred on 09/22/11. Based on interview at the time of observation, the Maintenance Director stated the most recent fire alarm system inspection occurred on 09/22/10 and acknowledged it has been more than one year since the last fire alarm system inspection. 3.1-19(b)		approved maintenance And testing program complying with applicable Requirements of NFPA 70 and 72. 9.6.1.4Testing frequencies requires alarm initiating devices, alarm notification appliances, batteries, and initiating devices to be tested at least annually. This deficient practice could affect all residents, staff, and visitors.In response to the cited Life Safety Tag violation (K052), the following changes are required: With respect to the systemic changes will be completed: Fire Alarm inspection and Sensitivity testingwas completed October 18, 2011, all documentation is on file in the director of maintenance office Forum at the Crossing A.) All residents, visitors, and staff of the identified unit may have been affected by the practice and all residents, visitors, and staff of the unit are affected by the corrective action.B.) With respect to what systemic measures have been put in place to address the stated concern: Fire Alarm inspection and Sensitivity testing was completed October 18, 2011, all documentation is on file in the director of maintenance office Forum at the Crossing.	

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K0064 SS=E	Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10 Based on observation and interview, the facility failed to maintain 1 of 1 portable K class fire extinguishers in the kitchen cooking area in accordance with the requirements of NFPA 10, Standard for Portable Fire Extinguishers, 1998 Edition. NFPA 10, 2- 3.2 requires fire extinguishers provided for the protection of cooking appliances using combustible cooking media (vegetable or animal oils and fats) shall be listed and labeled for Class K fires. NFPA 10, 2-3.2.1 requires a placard shall be conspicuously placed near the extinguisher which states the fire protection system shall be activated prior to using the fire extinguisher. Since the fixed fire extinguishing system will automatically shut off the fuel source to the cooking appliance, the fixed system should be activated before using a portable fire extinguisher. In this instance, the portable fire extinguisher is supplemental protection. This deficient practice could affect any residents, staff or visitors in the vicinity of the kitchen. Findings include: Based on observation with the Maintenance Director during the tour of the facility from 10:50 a.m. to 12:35 p.m.	K0064	Life Safety Tag (K064):NFPA 10, 2-3.2.1 requires a placard shall be conspicuously placed near the extinguisher which states the fire protection system shall be activated prior to using the fire extinguisher. Since the fixed fire extinguisher system will automatically shut off the fuel source to the cooking appliance, the fixed system should be activated before using a portable fire extinguisher. In this instance the portable fire extinguisher is supplemental protection. This deficient practice could affect any resident, visitor, and staff in the vicinity of the kitchen.In response to the cited Life Safety Tag violation (K064), the following changes are required: With respect to what systemic changes will be completed: Instructions on how and when to use the extinguisher On 10/14/11; the fire suppression system is automatically activated if a fire is detected. All F&B staff that work in The kitchen will be in-serviced on the K class extinguisher how and when to use by November 1, 2011.A.) With respect to all residents, visitors, and staff the cited violation potentially affected. All residents, visitors, and staff of the identified unit may have been affected by the practice and all residents, visitors,	10/14/2011

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	on 10/04/11, a placard was not conspicuously placed near the K class portable fire extinguisher which states the fire protection system shall be activated prior to using the K class portable fire extinguisher. Based on interview at the time of observation, the Maintenance Director acknowledged no placard was conspicuously placed near the K class portable fire extinguisher stating the fire protection system shall be activated prior to using the K class portable fire extinguisher. 3.1-19(b)		and staff of the unit are affected by the corrective action	
K0144 SS=F	Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. Based on observation and interview, the facility failed to ensure 1 of 1 emergency generators was equipped with a remote manual stop. NFPA 99, Health Care Facilities, 3-4.1.1.4 requires generator sets installed as alternate power sources shall meet the requirements of NFPA 110, Standard for Emergency Standby Power Systems. NFPA 110, 3-5.5.6 requires Level II installations shall have a remote manual stop station of a type similar to a	K0144	Life Safety Tag (K0144):NFPA 110, 7-1 states NFPA 37, Standard for the Installation and use of Stationary Combustion Engines and gas Turbines, contains mandatory requirements for emergency generators and shall be considered part of the requirements of this standard. NFPA 37, 8-2.2(c) requires emergency generators of 100 horse power or more have provisions for shutting down the engine from a remote location.	10/06/2011

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	break glass station located outside of the room where the prime mover is located. NFPA 110, 7-1 states NFPA 37, Standard for the Installation and Use of Stationary Combustion Engines and Gas Turbines, contains mandatory requirements for emergency generators and shall be considered part of the requirements of this standard. NFPA 37, 8-2.2(c) requires emergency generators of 100 horsepower of more have provisions for shutting down the engine at the engine and from a remote location. This deficient practice could affect all residents, staff and visitors. Findings include: Based on observations with the Maintenance Director during the tour of the facility from 10:50 a.m. to 12:35 p.m. on 10/04/11, evidence of a remote shut off device was not found for the 100 kW diesel fired emergency generator. Based on interview at the time of observation, the Maintenance Director stated the emergency generator was installed prior to 2003 and acknowledged there is no remote emergency shut off device for the emergency generator. 3.1-19(b)		This deficient practice could affect all residents, staff, and visitors.In response to the cited Life Safety Tag violation (K0144), the following changes are required: With respect to the systemic changes will be completed: On 10/6/11 The generators have emergencystop buttons installed by Cummins Generator Corp.that will shut the engines down from a remote locationA.) With respect to all resident(s), visitors and staff the cited violation potentially affected. All residents, visitors, and staff of the identified unit may have been affected by the practice and all residents, visitors, and staff of the unit are affected by the corrective action	

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